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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *NONE*  
*NL*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE*  
*NL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/28/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>Nelson Lan</i> Initials: <i>NL</i>	STATE OR COUNTRY OR	SHEETS DRAWING 2	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
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ADDRESS  
 24319  
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 MILPITAS , CA  
 95035

TITLE  
 Method for verifying (ret) latent image sensitivity to mask manufacturing errors

FILING FEE  RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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